



PARTICIPANT REGISTRATION FORM

Available online: www.iwcb.ro

Company:.....

Company acting as:

- Producer Negociant Importer Representative
- Other company:

<input type="checkbox"/> Full address:	VAT code <input type="checkbox"/>
<input type="checkbox"/> City:	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Postal code:	VAT number:
<input type="checkbox"/> Country:	

Phone: <input type="text"/>	E-mail: <input type="text"/>
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Authorized person name: <input type="text"/>	Website: <input type="text"/>
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Position:

I, the undersigned, Mrs/Mr, acting on my capacity as representative for the above mentioned company, declare that I have read and understood the regulations of the International Wine Contest Bucharest 2016 and I unreservedly accept all the terms.

Date: Signature:

I WISH to register the following products for the International Wine Contest Bucharest 2016:

- 1:
- 2:
- 3:
- 4:
- 5:
- 6:
- 8:
- 9:
- 10:
- 11:
- 12: